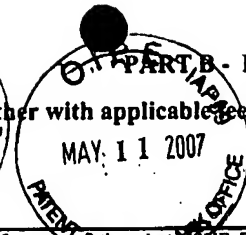
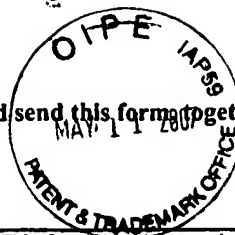


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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/645,647      | 08/22/2003  | James Dunman         | 29953-170903        | 8814             |

**TITLE OF INVENTION:** MODIFIED INJECTION TAKEOUT TUBE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 05/14/2007 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| DAVIS, ROBERT B | 1722     | 425-548000     |

05/14/2007 DENMANU2 00000044 220261 10645647

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required..

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 VENABLE LLP

2 James R. Burdett

3 Keith G. Haddaway

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Graham Packaging Company, LP

York, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Kavita B. Lepping

Date

May 11, 2007

Typed or printed name

Kavita B. Lepping

Registration No.

54,262

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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|--|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | <b>Complete if Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b>   |  | Application Number       | 10/645,647-Conf. #8814 |
|  |  | Filing Date              | August 22, 2003        |
|  |  | First Named Inventor     | Jim Dunman             |
|  |  | Examiner Name            | R. B. Davis            |
|  |  | Art Unit                 | 1722                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                             |  | Attorney Docket No.      | 29953-170903           |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | <b>(\$)</b>              | <b>1,700.00</b>        |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                      |                                  |                     |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                     |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                     |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b> |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>     | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                              | 100                 |                       |
| Design  | 200                 | 100   | 100                | 50                   | 130                              | 65                  |                       |
| Plant   | 200                 | 100   | 300                | 150                  | 160                              | 80                  |                       |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                              | 300                 |                       |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                                | 0                   |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                     |                       |
|   |                     |   |                    |                      |                                  | <b>Small Entity</b> |                       |
| <b>Fee Description</b>  |                     |   |                    |                      |                                  | <b>Fee (\$)</b>     | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                 | 100                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                 | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                     |                       |
| _____ - 20 = _____  |                     | x _____   | = _____            |                      | <b>Fee (\$)</b>                  |                     | <b>Fee Paid (\$)</b>  |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      |                                  |                     |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                     |                       |
| _____ - 3 = _____   |                     | x _____   | = _____            |                      |                                  |                     |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                     |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                     |                       |
| _____ - 100 = _____   | /50 = _____         | (round up to a whole number) x _____                    | = _____            |                      |                                  |                     |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                     |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  |                     |                       |
| Other (e.g., late filing surcharge): 1501 Utility issue fee   |                     |   |                    |                      |                                  | 1,400.00            |                       |
| 1504 Publication fee for early, voluntary, or normal ...  |                     |   |                    |                      |                                  | 300.00              |                       |

|                     |                          |                                   |                |
|---------------------|--------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                          |                                   |                |
| Signature           | <i>Kavita B. Lepping</i> | Registration No. (Attorney/Agent) | 54,262         |
| Name (Print/Type)   | Kavita B. Lepping        | Telephone                         | (202) 344-4000 |
|                     |                          | Date                              | May 11, 2007   |